

Foster Family Home - Corrective Action Report

Provider ID: 1-512253

Home Name: Lilibeth Badua, CNA

Review ID: 1-512253-4

4318 Laakea Street

Reviewer: Angelica Galindo

Honolulu HI 96818

Begin Date: 8/21/2018

End Date:

8/29/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 8/21/18. Corrective Action Report issued during home visit with all items due to CTA by 9/21/18.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Background Checks

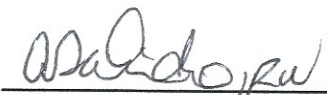
[17-1454-7.1]

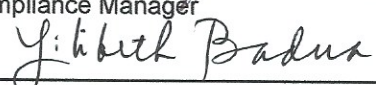
7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1) & 7.1.(a)(2) - Second set of Fingerprints and APS/CAN lapsed for HHM#2: was due on/before 1/15/2017, done on 3/23/2017.


Compliance Manager


Primary Care Giver


Date

8/21/18

Date

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: Lilibeth Badua Foster Home
 CCFFH Address: 4318 Laakea St., Honolulu, HI 96818

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1)	Second set of Fingerprint lapsed for House Hold member # 2. However it was obtained on 3/23/17 and placed in CTA Binder	3/23/17	Foster Home understands the importance of background checks I will set a reminder alert in my iPhone 30 days prior to all due dates, such as APS/CAN/e Crime and
7.1(a)(2)	Second set of APS/CAN lapsed for household member # 2. However it was obtained on 3/23/17 and placed in CTA Binder	3/23/17	TB etc. to avoid any further lapses.

Primary Caregiver's Signature: Lilibeth Badua

Print Name: LILIBETH BADUA Date of Signature: 8/23/18